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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number

10/826,153

Filing Date

April 16, 2004

First Named Inventor

Erik Scher

Group Art Unit

1631

Examiner Name

Russell Scott Negin

Total Number of Pages in This Submission

Attorney Docket Number

40-002001US

## ENCLOSURES (check all that apply)

- ☒ Fee Transmittal Form  
☐ Fee Attached  
☒ Amendment / Response  
☒ Amendment and Request for Reconsideration  
☐ Affidavits/declaration(s)  
☒ Extension of Time Request  
☒ Receipt Acknowledgement Postcard  
☒ Supplemental Information Disclosure Statement  
☐ Certified Copy of Priority Document(s)  
☐ Response to Missing Parts/ Incomplete Application  
☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

- ☒ PTO-1449 Form  
☒ Cited References  
☐ Copy of PCT Search Report  
☐ Copy of EP Search Report  
☐ Petition to Convert to a Provisional Application  
☐ Power of Attorney, Revocation Change of Correspondence Address  
☐ Terminal Disclaimer  
☐ Small Entity Statement  
☐ Request for Refund

- ☐ Interview Summary  
☐ Request for Continued Examination (RCE)  
☐ Request for Corrected Filing receipt  
☐ Copy of Filing Receipt - marked up  
☐ Status Letter  
☐ Additional Enclosure(s) (please identify below):

### Authorization to Charge Deposit Account

Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name

Jonathan Alan Quine, Reg. No. 41,261, Quine Intellectual Property Law Group, P.C.

Signature

*Jonathan Alan Quine*

Date

April 18, 2007

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name

Kimberly Cheung

Signature

*Kimberly Cheung*

Date

April 18, 2007

APR 23 2007

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**240.00**

Complete if Known

Application Number	10/826,153
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First Named Inventor	Erik Scher
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Art Unit	1631
Attorney Docket No.	40-002001US

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☒ Other (please identify): **Deposit Account**

☒ Deposit Account Deposit Account Number: **50-0893** Deposit Account Name: **Quine Intellectual Property Law Group, P.C.**

For the above identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims \_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims \_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 27 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee Paid (\$)
_____ - 100	_____ /50 = _____	_____ Round up to a whole number) x _____	_____

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):	Fees Paid (\$)
Other: <b>Extension of Time for 1-month</b>	60.00
Other: <b>Submission of an Information Disclosure Statement</b>	180.00
Other: _____	
Other: _____	
Other: _____	
Other: _____	

## SUBMITTED BY

Signature

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Date April 18, 2007